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| Admissions form |
| We are required by law to ask you for these details about your child. The information will be stored in your child’s record which is open to you for inspection if you give the school prior notice. This information will be treated as confidential. Please complete both sides. |



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| Start Date  |  |

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| Personal Information |  |
| Child’s Surname | First name |
| Middle Name(s) | Known as  |
| Date of Birth |  |
| How does your child identify themselves?please tick as appropriate | Male [ ]  | Female [ ]  | Other [ ] Please specify |
| Does the child have siblings in the school? | Yes [ ]  | No [ ]  | Class(es) |
| Name | Name |

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| --- | --- |
| Address  |  |
| Home Address |
|  |
| Postcode | Local Authority |
| Home Telephone Number | Mobile Telephone Number |

|  |  |
| --- | --- |
| School History  |  |
| Name of Setting |
| Address |
|  |
| Postcode | Local Authority |
| Home Telephone Number | Reason for Leaving |
| Start Date | End Date |
| Doctor Information |  |
| Name of Doctor | Surgery Telephone Number |
| Surgery Address |
| Postcode |  |

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| Ethnicity – What is your childs ethnic group? |
| White - British | [ ]  | Bangladeshi | [ ]  |
| White - Irish | [ ]  | Chinese | [ ]  |
| White - Asian | [ ]  | Any other Asian background | [ ]  |
| White - Other | [ ]  | Greek & Greek Cypriot | [ ]  |
| Black – Caribbean | [ ]  | Turkish and Turkish Cypriot | [ ]  |
| Black – African | [ ]  | Mixed – white and black African | [ ]  |
| Black – British | [ ]  | Mixed – white and black Caribbean | [ ]  |
| Any other black background | [ ]  | Mixed – white and Asian | [ ]  |
| Indian | [ ]  | Mixed – any other mixed background | [ ]  |
| Pakistani | [ ]  |  |  |
| Other (please specify) [ ]  |

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| Religion – What is your child’s religion or beliefs? |
| Buddhist | [ ]  | Jewish | [ ]  |
| Christian | [ ]  | Muslim | [ ]  |
| Hindu | [ ]  | Roman Catholic | [ ]  |
| Sikh | [ ]  | None | [ ]  |
| Other (please specify) [ ]  |
| Name of spiritual leader/community |  |

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| Nationality |
| What is your child’s nationality?  |  |
| What is your child’s country of birth?  |  |
| What is the MAIN language used in your home? | Arabic | [ ]  | Polish | [ ]  |
| Bengali  | [ ]  | Portuguese  | [ ]  |
| Cantonese  | [ ]  | Punjabi  | [ ]  |
| Cymraeg  | [ ]  | Russian | [ ]  |
| English | [ ]  | Spanish  | [ ]  |
| Greek  | [ ]  | Urdu  | [ ]  |
| Gujurati  | [ ]  |  | [ ]  |
| Hindi  | [ ]  |  | [ ]  |
| Hebrew  | [ ]  |  | [ ]  |
| Italian | [ ]  | Other (please specify) |  |
| Is English spoken as an additional language in the home?  | Yes [ ]  | No [ ]  |

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| Contact Information This section tells us who to get in touch with if there is a problem or emergency. Please place the contact’s information in the order in which contact is to be made. It is a legal requirement to have at least 3 contacts. |
| **Contact Priority 1** |
| Are you a member of the armed forces? | Yes [ ]  | No [ ]  |
| Title  | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other [ ]  |
| Surname | First name |
| Relationship to child | Parent [ ]  | Step Parent [ ]  | Grandparent [ ]  |
| LEA Nominee [ ]  | Probationary Service [ ]  |
| Family Friend [ ]  | Neighbour [ ]  | Other [ ]  |
| Primary Responsibility for child? | Yes [ ]  | No [ ]  |
| Profession |  |
| Home Telephone Number | Mobile Telephone Number |
| Work Telephone Number | Email Address |
| Home Address |
|  |
| Postcode | Does the child live at this address?Yes [ ]  No [ ]  |
| **Contact Priority 2** |
| Are you a member of the armed forces? | Yes [ ]  | No [ ]  |
| Title  | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other [ ]  |
| Surname | First name |
| Relationship to child | Parent [ ]  | Step Parent [ ]  | Grandparent [ ]  |
| LEA Nominee [ ]  | Probationary Service [ ]  |
| Family Friend [ ]  | Neighbour [ ]  | Other [ ]  |
| Primary Responsibility for child? | Yes [ ]  | No [ ]  |
| Profession |  |
| Home Telephone Number | Mobile Telephone Number |
| Work Telephone Number | Email Address |
| Home Address |
|  |
| Postcode | Does the child live at this address?Yes [ ]  No [ ]  |
| **Contact Priority 3** |
| Are you a member of the armed forces? | Yes [ ]  | No [ ]  |
| Title  | Mr [ ]  | Mrs [ ]  | Miss [ ]  | Ms [ ]  | Other [ ]  |
| Surname | First name |
| Relationship to child | Parent [ ]  | Step Parent [ ]  | Grandparent [ ]  |
| LEA Nominee [ ]  | Probationary Service [ ]  |
| Family Friend [ ]  | Neighbour [ ]  | Other [ ]  |
| Primary Responsibility for child? | Yes [ ]  | No [ ]  |
| Profession |  |
| Home Telephone Number | Mobile Telephone Number |
| Work Telephone Number | Email Address |
| Home Address |
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|  |
| Postcode | Does the child live at this address?Yes [ ]  No [ ]  |

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| Is there anybody who is specifically NOT allowed to collect your child |
|  | **Name** | **Relationship to child** |
| 1 |  |  |
| 2 |  |  |

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| Travel Information – What will be your primary mode of transport |
| Public Transport  | [ ]  | Walk | [ ]  |
| Car | [ ]  | School Bus (if available) | [ ]  |
| Other (please specify) [ ]  |

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| Medical Information (further to that already given) |
| Does your child: |
| Have any allergies?  |
| Have an epipen? |
| Have any ongoing health issues? (eg glue ear, grommets, eye patch, eczema, asthma) |
| Have a medical condition? |
| Have or need a Health Care Plan? |
| Take any regular medication? |
| Has your child had any major illness, operation or a hospital stay? |
| Are you concerned with any aspect of your child’s health? |
| Does your child have any special dietary requirements? |

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| Immunisations / vaccinations |
| Has your child had the following immunisation? (Please tick) |
| [ ]  Whooping Cough | [ ]  Diptheria | [ ]  Tetanus |
| [ ]  Polio | [ ]  Hib Meningitis | [ ]  Measles |
| [ ]  Mumps | [ ]  Rubella | [ ]  Any other |
| **Please remember to inform us of any changes to health or personal information** |

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| **Additional Needs –** In which area/s does your child have additional needs? Please tick the following and add any notes that you think may be helpful to us. |

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| [ ]  | Speech (e.g. articulation) | Notes |
| [ ]  | Language (e.g. using or understanding language) |  |
| [ ]  | Emotional and/or behavioural (e.g. separating/playing with other children |  |
| [ ]  | Hearing |  |
| [ ]  | Vision |  |
| [ ]  | Physical/Movement (e.g. running, climbing stairs, using hands) |  |
| [ ]  | Other (please specify) |  |
| When were these needs first identified and by whom? |  |
| Please tell us about your child’s journey from birth to present. |  |
| Does you child have or use any specialist equipment or resources? (e.g. glasses, hearing aids, Makaton, signing etc) |  |
| **Does your child have any of the following? (please tick)** |
| [ ]  | Individual Plan / Individual Education Plan | [ ]  | Educational Health Care Plan |
| [ ]  | Application for Educational Health Care Plan | [ ]  | CAF form (Common Assessment Framework form) |
| [ ]  | Early Help |  |  |
| In order to best support all the children in our setting we have a designated SENDCO (Special Needs Disability Co-ordinator) who will routinely liaise with any professionals involved with your child. |
| The SENDCO is |  |
| Email  |  |
| Telephone Number |  |
| We also have access to support and advice from our Area Special Needs Co-ordinator with whom we may discuss your child. You will **always** be informed beforehand of any contact or discussion held about your child. |

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| Please sign below to indicate that you understand and agree to the above. |
| Signed | Date |

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| **Permissions – Information Sharing**This form gives permission to share relevant discussions, assessments, records, reports, (which may include photographs) and information with other appropriate professionals (for example, speech and language therapist, physiotherapist etc) working with your child, in order to provide support and aid transition into a school setting. We would not do this without consulting you first.Where needed your information may also be shared with 3rd parties to allow the school to engage in digital payment methods. |
| I / We (parent / carers name/s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent, for Mosaic Jewish Primary School to share relevant information about my / our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with appropriate professionals working with him / her.Parent/carer/s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/carer/s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| This consent form is valid while ever your child attends Mosaic Jewish Primary School. You have the right to withdraw your consent to share information at any time |
| Consent withdrawn [ ]  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/carer/s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Permissions - other** |
| **Trips and Outings**We will always inform you of upcoming trips. By signing this form you are giving general consent for your child to attend day trips and short visits within the local area during their time at MJPS | Signature |
| **Plasters** | Signature |
| **Face Paints** | Signature |
| **Photographs and Videos*** **In school** [ ]
* **School Newsletter** [ ]
* **On website** [ ]
* **In press** [ ]
 | Signature |

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| **OFFICE USE ONLY** |
| **House**  | **Adom** [ ]  | **Yarok** [ ]  | **Kahol** [ ]  | **Tsahov** [ ]  |
| **Form** |  |
| **Passport/ID** |  |
| **Birth Certificate** |  |
| **UPN** |  |
| **Scholar Pack Entry Date** |  |